

# **North Yorkshire Women and Girls Health Survey Report 2025**



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## Executive Summary

North Yorkshire Council launched the health of women and girls survey at the first North Yorkshire Women's Health Conference in October 2024, and it closed on the 15<sup>th</sup> of December 2024.

We received 1679 responses collected via the online and paper survey; the survey reached across all age groups and localities of North Yorkshire. Most of the respondents were female. 19% had a Long-Term Condition (LTC) / 12% a mental health condition / 6.5% neurodivergent / 5% physical impairment / 3% sensory impairment / 1% learning disability and 3% had other conditions.

The most popular way respondents seek information is via the NHS website, followed by GP and family and friends. Social media ranked highly for the younger age groups.

Most respondents felt quite or very comfortable talking about women's health with health care providers. Levels of comfort could be improved by seeing a female health professional, less restrictive appointments and longer appointments, dedicated women's health sessions, trained staff, reduced stigma and societal change.

There is a mixed response to how comfortable people feel talking about women's health in the workplace. Quite or very comfortable being cited by many, however not comfortable was also seen equally in the responses. To improve comfort levels with conversations in the workplace an open culture, supportive policies and time and space were the most common responses.

The top 10 priorities cited by respondents for women and girls in North Yorkshire:

1. Healthy Ageing
2. Screening and immunisations
3. Healthy weight
4. Mental health
5. Peri and menopause
6. Cost of living
7. Physical activity
8. Violence against women and girls
9. Menstrual health
10. Bone, joint and muscle health

Mirroring the national survey women and girls in North Yorkshire expressed concern at not being listened to, being dismissed, or not believed. Women and girls expressed suffering in silence and led to believe the challenges are just what it's like to be a woman. Culture and stigma attached to women and girls' health remain key concerns and are areas that require improvement.

There are a range of groups or services that are currently accessed by women and girls, however there is a large proportion who do not know of any or cannot find anything suitable. Respondents require the groups and services on offer to be accessible, safe, non-judgemental, of high quality, confidential, offer peer support and delivered across a range of channels and formats.

This survey is just the start; we all have a responsibility to create an equitable future for women and girls. The next stage will **accelerate action** across the priorities. Together we can make the change we need and deserve.

## Background, Rationale and Methods

In 2022, the UK Government published the first ever Women's Health Strategy to improve health outcomes for women and girls and address gender differences primarily in healthcare. Building on the national strategy, North Yorkshire's Public Health team want to create a specific plan for North Yorkshire to make improvements to women's and girls' health. Women's health is defined as the overall physical, mental, and social well-being of women and girls. This includes things like regular check-ups, mental health support, pregnancy care, and managing long-term conditions, as well as the wider determinants of health.

This survey was designed to gather North Yorkshire residents' thoughts and experiences, to understand what is most important to women and girls about health and wellbeing. This included questions on the wider determinants of health, including factors such as housing, employment, the environment around us, as well as health conditions. The survey results will be used to help shape what to focus on and how to act in the coming years, making sure collective efforts meet the needs and preferences of women and girls in our communities.

The survey was hosted on North Yorkshire Council's Snap Survey platform between 15<sup>th</sup> October and 15<sup>th</sup> December 2024 and was supported by a marketing and communications campaign directing people to the platform. Paper surveys were available from North Yorkshire Council's libraries for the same period.

Respondents did not have to respond to every question. All charts show the number of responses, including no responses, for each question. Multiple choice questions are reported as percentages, with free text responses analysed thematically to look for patterns in responses.

## Demographics of Respondents

The highest proportion of respondents (35.26%) were aged **50-64**. This is followed by the **40-49** age group, which makes up 24.72%. The **30-39** age group represents 17.63%, while the 16-29 age group accounts for 7.74%. Respondents aged **65-74** make up 9.95%, and those aged **75 or more** constitute 2.80%. A small percentage, 1.91%, preferred **not to disclose** their age.

Table 1 Age of respondents.

Age Band	Count	Percentage of all respondents
<b>16-29</b>	130	7.74%
<b>30-39</b>	296	17.63%
<b>40-49</b>	415	24.72%
<b>50-64</b>	592	35.26%
<b>65-74</b>	167	9.95%
<b>75 or more</b>	47	2.80%
<b>Prefer not to say</b>	32	1.91%
<b>Grand Total</b>	<b>1679</b>	

In terms of gender, most respondents (97.50%), identified as **female**. A very small percentage, 0.30%, **described themselves in another way**, while 0.24% identified as **male**. Additionally, 1.97% of respondents preferred **not to disclose** their gender.

Table 2 Gender of respondents.

Gender	Count	Percentage of all respondents
<b>Female</b>	1637	97.50%
<b>I describe myself in another way</b>	5	0.30%
<b>Male</b>	4	0.24%
<b>Prefer not to say</b>	33	1.97%
<b>Grand Total</b>	<b>1679</b>	

A significant portion of respondents (46.16%) reported having **no condition or impairment**. 20.07% reported having **one condition**, with 11.44% reporting having **two or more conditions**. Among those who did report that they had health conditions, 19.12% indicated having a **long-term health condition**, while 12.33% reported a **mental health condition**. **Neurodivergence** was noted by 6.49% of respondents, and 5.30% reported **physical impairments or mobility issues**. **Sensory impairments**, such as visual or hearing loss, were reported by 2.62%. Additionally, 0.71% of respondents indicated having a **learning disability**, and 2.68% reported **other conditions**. A significant number, 20.07%, **did not respond** to this question.

Table 3 Health status of respondents.

Condition	Count	Percentage of all respondents
Learning Disability	12	0.71%
Long term health condition	321	19.12%
Mental health condition	207	12.33%
Neurodivergence	109	6.49%
No condition or impairment	775	46.16%
No response	337	20.07%
One condition	337	20.07%
Other	45	2.68%
Physical impairment or mobility issues	89	5.30%
Sensory impairment, such as blind or visual loss and deaf or hearing loss	44	2.62%
Two or more conditions	192	11.44%

Of the 1679 respondents, the highest proportion resided in **Hambleton** (339, 20.19%), followed by **Harrogate** (306, 18.23%) and **Ryedale** (202, 12.03%). **Richmondshire** and **Scarborough** had similar representation, with 169 (10.07%) and 173 (10.30%) respectively. **Craven** and **Selby** had lower representation, at 114 (6.79%) and 126 (7.50%). 250 respondents (14.89%) preferred **not to disclose** their district of residence.

Table 4 Former North Yorkshire district of residence.

District	Count	Percentage
Craven	114	6.79%
Hambleton	339	20.19%
Harrogate	306	18.23%
Richmondshire	169	10.07%
Ryedale	202	12.03%
Scarborough	173	10.30%
Selby	126	7.50%
Prefer not to say	250	14.89%
<b>Grand Total</b>	<b>1679</b>	

## Findings

This section summarises the responses to each question, providing comparisons in responses between different age groups.

## Question 1: Where would you go for women's health and wellbeing-related information?

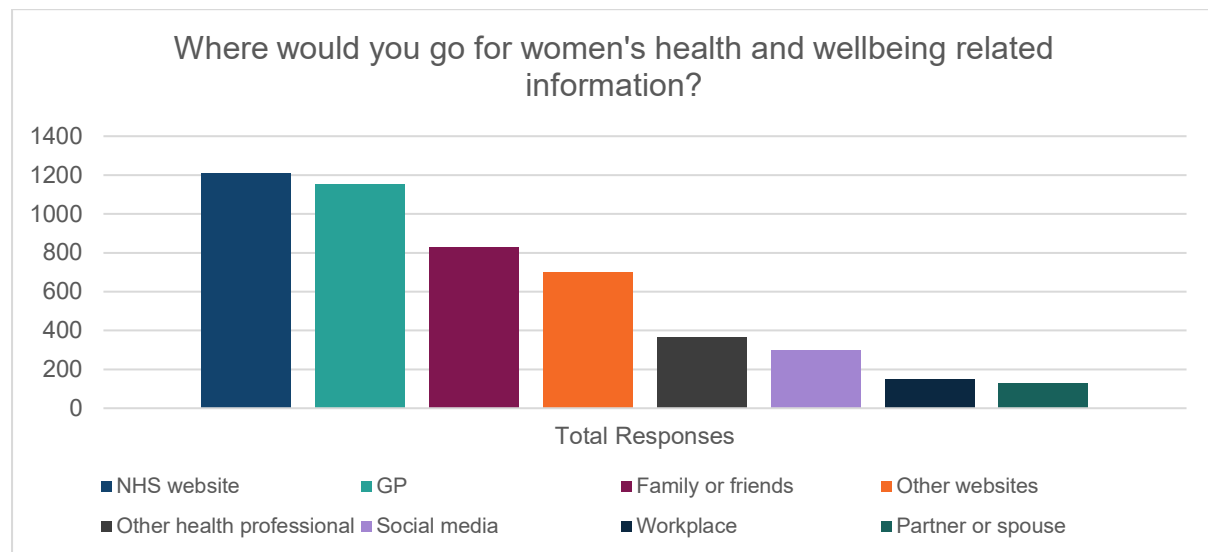


Figure 1 Overall number of respondents to question one.

Over 70% of respondents said they would access the **NHS website** (73.47% across all age groups) or their **GP** (70.07% across all age groups) for women's health and wellbeing information. There was an age-related pattern in some responses, with older age groups preferring to access information from their GP or other health professional, and younger age groups preferring to access information from family or friends or social media.

**Family or friends** are relied upon by 50.27% of respondents, with the highest reliance among the 16-29 age group (64.62%). **Other websites** are used by 42.38% of respondents, especially among the 40-49 age group (46.75%). **Other health professionals** are consulted by 22.28% of respondents, with usage increasing with age.

**Social media** is used by 18.09% of respondents, mainly among the 16-29 age group (28.46%). The **workplace** is a source for 8.93% of respondents, particularly among the 50-64 age group (12.16%). **Partners or spouses** are consulted by 7.89% of respondents, with consistent usage across age groups. **Other sources** are used by 3.46% of respondents, with the highest usage among the 40-49 age group (4.10%). A small percentage of respondents (2.00%) did not respond to the question.



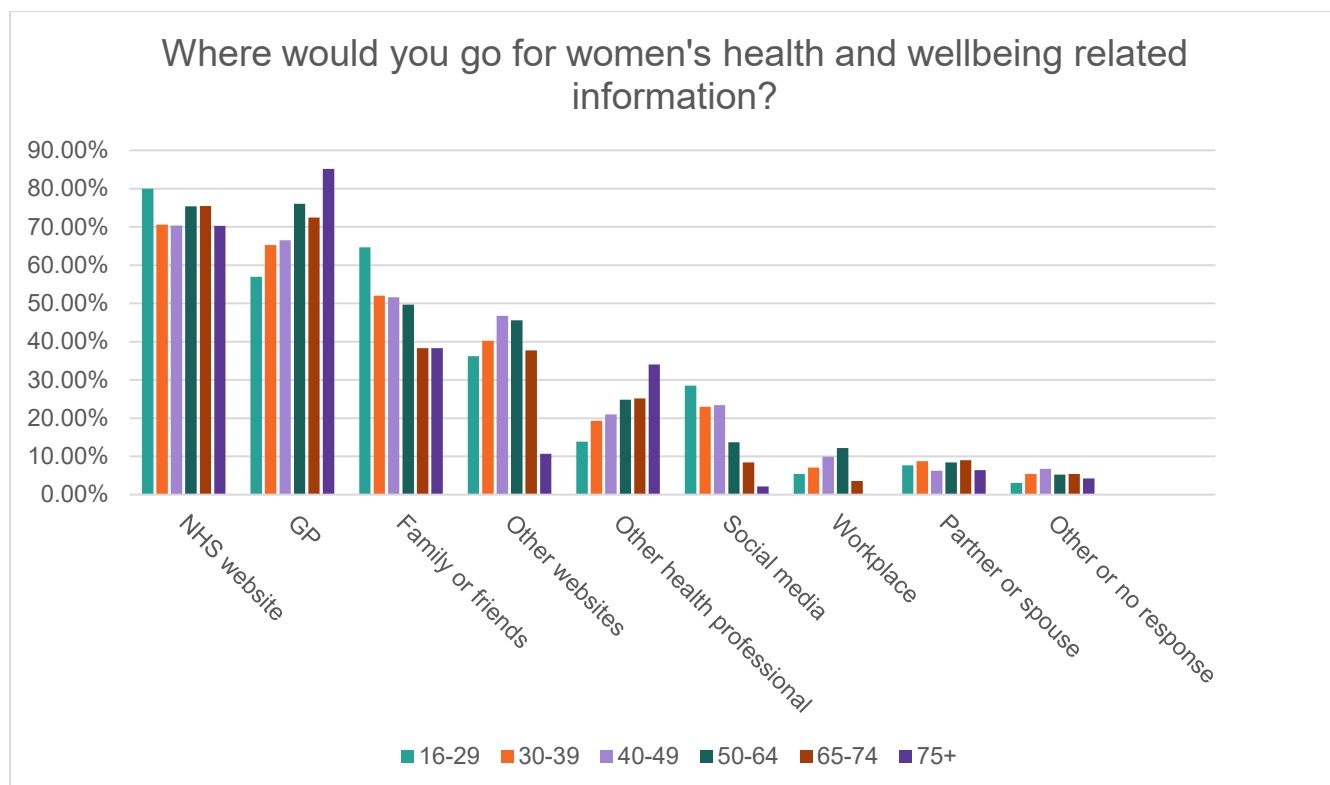


Figure 2 Age banded number of responses to question one.

## Question 2: How comfortable do you feel telling healthcare professionals about your women's health concerns?

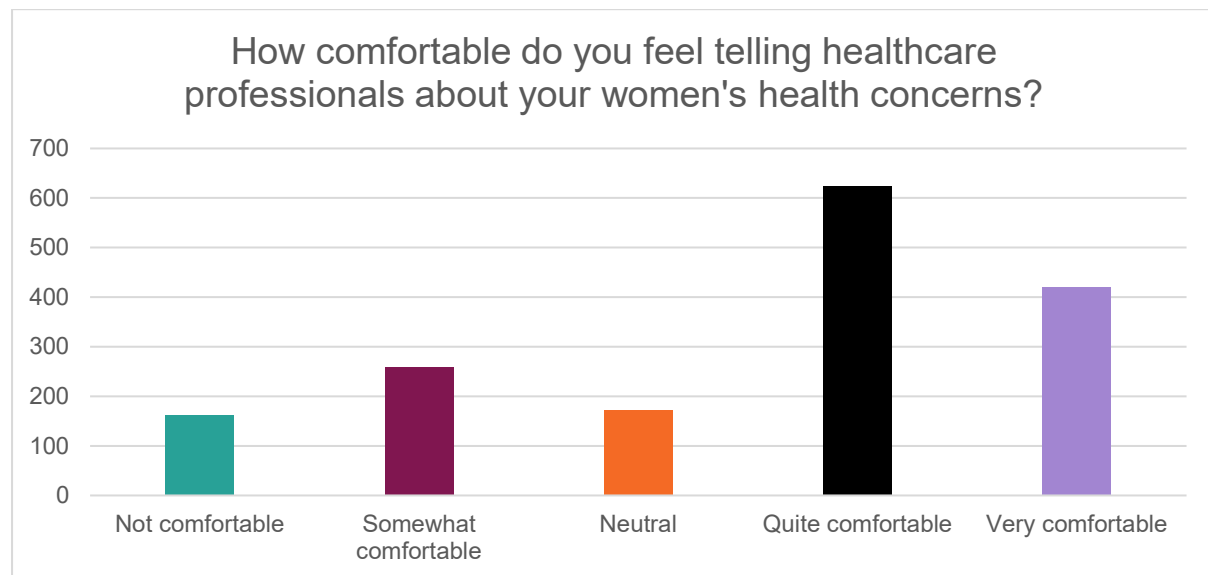


Figure 3 Overall number of responses to question two.

The data on how comfortable individuals feel discussing their women's health concerns with healthcare professionals shows a range of comfort levels across different age groups. Overall, 37.89% of respondents feel **quite comfortable**, with the highest comfort levels observed in the 40-49 age group (40.24%). Additionally, 25.56% of respondents feel **very comfortable**, with comfort increasing with age, peaking at 48.94% for the 75+ age group.

On the other hand, 15.73% of respondents feel **somewhat comfortable**, and 10.44% remain **neutral**. A smaller percentage, 9.90%, feel **not comfortable**, with the highest discomfort reported among the 16-29 age group (15.38%). This data highlights that while a significant portion of individuals feel comfortable discussing their health concerns, there is still a notable percentage who experience discomfort, particularly among younger age groups.

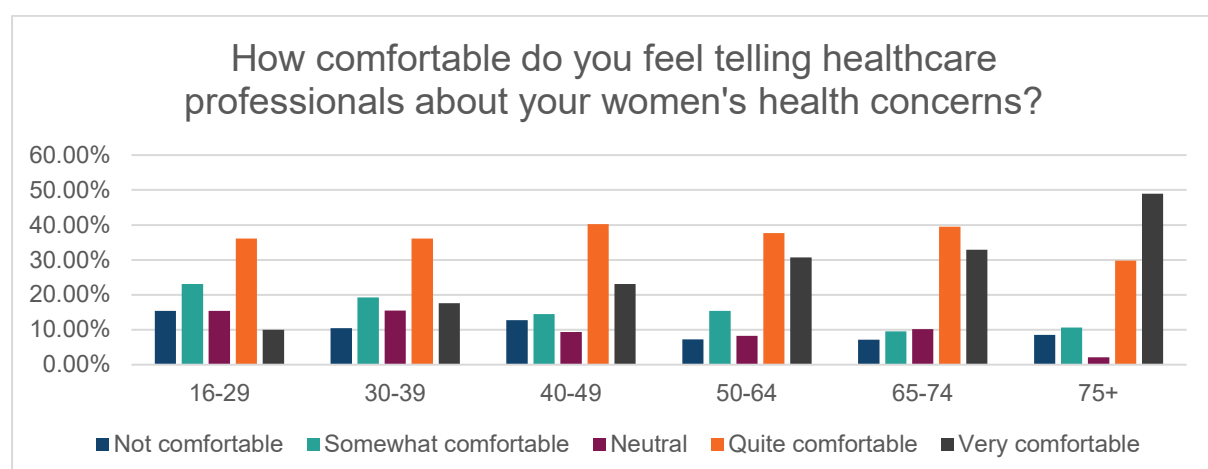


Figure 4 Age banded responses to question two.

When asked what would help respondents feel more comfortable talking with healthcare professionals about women's health, a high number of respondents said they would feel more comfortable talking to a **female health care professional**. For example:

*"I'm happy to talk about women's health with any healthcare professionals, but in my personal experience, female GPs, physios etc tend to be a lot more believing and willing to investigate problems than their male counterparts who often just say 'that's normal, you just have to put up with that etc.' or order one test but don't do any follow up. In my life, everything that has led to a women's health issue being resolved has been instigated by a female healthcare professional." (Female, 30-39, White, Neurodivergent)*

Respondents also expressed frustration with being dismissed, and wanted to be **taken seriously, feel listened to, and have their experiences validated**. Several respondents said their symptoms had often been attributed to common issues such as periods, age, or weight, without further investigation:

*"If they listened to what I was actually saying instead of trying to prescribe me the pill or some other drug or form of birth control." (16-19 Prefer not to say White "Long term health condition", "Mental health condition", "Neurodivergence", "Physical impairment or mobility issues"*

**Less restrictive appointments** would also make respondents more comfortable to discuss their concerns, with **longer appointments** perceived to be a way to build trust between patients and healthcare professionals. Respondents commonly felt that they were being **rushed** during appointments, which in turn had prevented them from fully discussing their concerns:

*"Them having time to listen. When I have tried to discuss with GP I am told I can only discuss one thing and to make a double appointment next time. When trying to make a double appointment I have to wait weeks and even then they will not book in weeks ahead so I have to keep ringing. This makes me feel as if I don't matter so I don't bother." (Female, 50-64, White, "Long term health condition")*

Respondents also provided insights into **accessibility** of appointments, with many services having waiting lists:

*"Available appointments, current waiting lists are 6/8 weeks making us feel like women's needs are not important" (Female, 40-49, White, "Neurodivergence")*

As well as less restrictive appointments, respondents said they would feel more comfortable talking to healthcare professionals about women's health concerns if there was the option of a **dedicated women's health appointment, or a dedicated women's health professional with specific training in women's health**. Factors such as making clinics women only, on a drop-in basis, and being invited to a dedicated women's health appointment were cited as factors that would make respondents feel more comfortable to talk about their women's health concerns:

*"If there was a dedicated appointment for womens health with a womens health professional, it wouldn't feel there would be as much of a barrier to bringing the concerns up" (Female, 20-29, White)*

*"Knowing that they were educated and trained to talk about women's health in addition to their foundation medical/healthcare training." (Female, 30-39, White)*

Respondents perceived there to be a **stigma** around a range of women's health concerns, leading to them feeling judged.

*"Reduced stigma around many conditions and issues. I find that I judge myself more than I get judged by the healthcare professional, because of the stigmas attached to conditions. However, this means that I feel uncomfortable before I go to the GP rather than when I am there." (Female, 20-29, White, "No condition or impairment")*

The need for a **societal change** around destigmatising women's health was also discussed:

*"There can be a lot of social stigma around women's health so I don't think this is something healthcare professionals can change. It's something we need to change as a society by talking about it more." (Female, 20-29, White, "No condition or impairment")*

**Question summary:** The data shows that comfort levels in discussing women's health concerns with healthcare professionals vary across age groups. While 37.89% of respondents feel quite comfortable and 25.56% feel very comfortable, younger age groups, particularly those aged 16-29, report higher levels of discomfort. When asked what would make them more comfortable in discussing women's health concerns, respondents expressed a preference for female healthcare professionals and emphasised the need to be taken seriously and listened to. They also highlighted the importance of less restrictive and longer appointments, as well as dedicated women's health appointments. Additionally, there is a perceived stigma around women's health concerns, which respondents feel needs to be addressed at a societal level for meaningful change to occur.

### Question 3: How comfortable do you feel talking about women's health in your workplace?

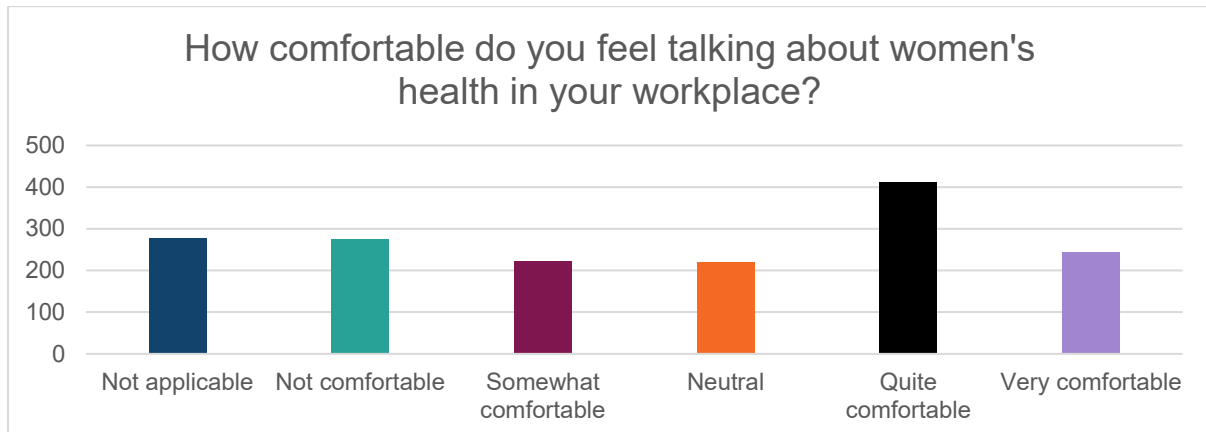


Figure 5 Overall responses to question three.

The data on comfort levels discussing women's health in the workplace reveals a diverse range of responses across different age groups. Overall, 25.02% of respondents feel **quite comfortable**, with the highest comfort levels observed in the 40-49 age group (30.84%). Additionally, 14.75% of respondents feel **very comfortable**, with comfort increasing with age, peaking at 18.75% for the 50-64 age group. On the other hand, 13.42% of respondents feel **somewhat comfortable**, and 13.36% remain **neutral**.

A notable percentage, 16.64%, feel **not comfortable** talking about women's health in their workplace, with the highest discomfort reported among the 16-29 age group (25.38%). This data highlights that while a portion of individuals feel comfortable discussing women's health in the workplace, there is still a notable percentage who experience discomfort, particularly among younger age groups.

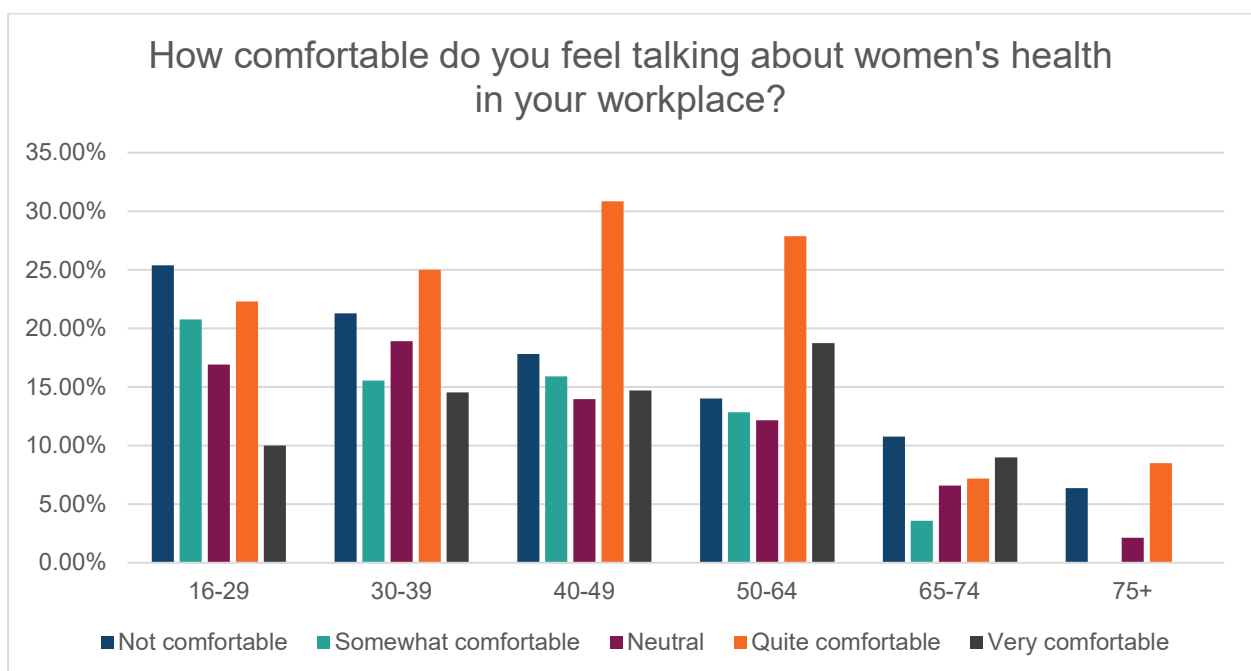


Figure 6 Age banded responses to question three.

When asked what would make respondents more comfortable talking about women's health in their workplace, many respondents discussed how their **workplace culture** and **attitudes** affected their levels of comfort. This included the culture from people in **management** and **leadership roles**:

*"It's very culturally dependent. We have a very open culture and manager. We have specific policies that cover menopause for example and flexible working as a completely free choice. I have a brilliant manager whose properly trained in mental health, women's health and good HR practice who's also brilliant to talk to. That filters down to the whole team who are very open and supportive"* (Female, 40-49, White, "Long term health condition", Mental health condition")

*"I work in a team full of women so this provides a safe space to speak about our health issues. We have policies around menopause etc making it a safe environment to discuss"* (Female, 20-29, White, "Long term health condition")

Respondents highlighted the need to **normalise** conversations about women's health in the workplace. Many noted that **stigma** still exists, especially around menstruation, and that more **open communication** and **education** is needed. Respondents also emphasised that **workplace awareness events** and **routine discussions** can help make these conversations more common and accepted:

*"As it is still very stigmatised, more talk and communication amongst people (not necessarily from the managers down, just an overall culture shift is needed) in order to destigmatise issues. In particular, around menstruation, and more acceptance around issues this time of month brings e.g. cramps, headaches, and the way these effect your work."* (Female, 20-29, White, "Mental health condition")

*"I have heard colleagues' joke about women being hormonal. It makes it difficult to get across serious health concerns when colleagues think its a joke. Also, there is a lack of basic understanding of biological processes and so explaining anything takes so much more effort."* (Female, 30-39, White, "Long term health condition")

*"Normalisation of the conversation - workplace awareness events and initiatives to educate and encourage the conversation"* (Female, 30-39, White, "No condition or impairment")

*"If these conversations were routine rather than accompanied by reference to menopause week, mental health awareness etc."* (Female, 40-49, White)

To support respondents to talk about women's health in their workplaces, the importance of **policies and procedures** that incorporate women's health was discussed. It was felt that these policies should be **clear and supportive, provide protection and fair treatment** if the member of staff was raising women's health issues. If such policies exist, it was felt that their profile should be raised. As such, respondents advocated for a **Health in All Policies** approach to women's health that would help them to feel more comfortable to discuss women's health in their workplace:

*"Womens health issues can impact on their work at times - if it was clear that the company had specific policies and resources and managers were trained to understand and support on these issues it might help people feel comfortable raising issues when needed/appropriate"* (Female, 40-49, White, "No condition or impairment")

*"If there was any kind of protection in my workplace that would prevent me from facing unfair dismissal or discrimination. I do not trust at all that if I were to confide in anyone in my workplace that I was trying for a baby and had suffered miscarriages, for instance, that they would not put a virtual target on me, knowing that there is imminent risk that I could become pregnant and require maternity cover/pay" (Female, 30-39, White, "Mental health condition")*

The recent shift towards a more **hybrid or fully remote** way of working was identified as a **barrier** for respondents to talk about women's health in the workplace. As such, workplaces need to understand how to create space for women's health discussions within a hybrid or remote working environment:

*"Not specifically women's health but health in general. Unfortunately, one of the downsides to working from home more is I feel it is much harder to have conversations with people in the workplace about health in general, as well as women's health. The employee group support sessions are really useful and the information on the looking after you engage page." (Female, 30-39, White, "No condition or impairment")*

In often time-pressured working environments, **dedicated time and space** to talk about women's health, including during supervision time, was perceived to be something that would facilitate conversations about women's health within workplaces. Some respondents also mentioned the benefit of having a **named individual** with lead responsibility for women's health, who has training and expertise, to provide support:

*"If there was set time/opportunity to do so such as access to well women sessions and a named individual with lead responsibility for women's health, who has training and expertise in this. These initiatives to have full commitment and support from the company and HR." (Female, 50-64, White, "No condition or impairment")*

*"Maybe having someone there who has been trained to listen and offer advice. I'm not talking in depth knowledge but someone who can help you and send you to somewhere that can help" (Female, 40-49, White, "Other")*

Despite agreement on the fact that women's health needs to be **destigmatised**, some respondents did not feel that it was **appropriate** to raise women's health concerns in their workplace, or would only do so if **necessary**:

*"I don't think generally that it is appropriate to do so. I feel able to discuss with my line manager as necessary." (Female, 30-39, White, "No condition or impairment")*

Despite some respondents perceiving conversations about some women's health concerns (such as menopause) to be becoming **more common**, there was a consensus that more needs to be done to **educate and raise awareness** of women's health concerns. Part of this education should be **tailored to managers** to enable them to have conversations about women's health with their staff, in turn starting to challenge the **"taboo"** around women's health:

*"I would usually only discuss my health with my manager or close work colleagues & only if I felt they needed to know or it would be useful to talk to someone - it isn't everyone's business however it shouldn't be a taboo & men should be open to discussing it too (including male managers). It possibly would be useful to have meetings & training about the types of health issues that could affect colleagues (both men & women alike)."*

(Female, 20-29, White, "Learning disability", "Long term health condition", Mental health condition", Neurodivergence")

*"Continued cpd and awareness of womens health. Breast cancer and menopause have been successful examples of the power of workplace/ societal education, it would be good to continue to develop this model with other health conditions."* (Female, 40-49, White)

**Question Summary:** The data on comfort levels discussing women's health in the workplace reveals a diverse range of responses across different age groups. While 25.02% of respondents feel quite comfortable, with the highest comfort levels observed in the 40-49 age group (30.84%), 14.75% feel very comfortable, peaking at 18.75% for the 50-64 age group. However, 16.64% feel not comfortable, with the highest discomfort reported among the 16-29 age group (25.38%).

Respondents highlighted the importance of workplace culture, policies, and leadership in influencing comfort levels. Many emphasised the need for clear and supportive policies, reduced stigma, and an overall culture shift to make conversations about women's health more common. The shift towards hybrid or remote working was identified as a barrier, and dedicated time and space for discussions were suggested as facilitators. Despite some progress, there is a consensus that more education and awareness is needed to address women's health concerns in the workplace.



## Question 4: Please select your top priorities, in terms of the extent to which these topics matter to you regarding your health and wellbeing

To understand the relative importance of different health topics across different age groups, respondents were asked to select their top priorities to improve women's health, in terms of the extent to which the topics mattered to them regarding their health and wellbeing. This was asked across the three domains that covered health improvement, health protection, wider determinants and healthcare public health (see the questionnaire in Appendix 1 for list of topics within each theme). When responses are collapsed across all age groups, 72.01% of respondents identified **healthy ageing** as a top priority, with **screening and immunisation services-including cervical, breast, bowel and HPV** (69.34%) and **healthy weight** (59.08%) the second and third highest priorities, respectively.

Table 5 Highest priority areas for each age group, with the percentage referring to the proportion of people within each age group who said it was a top three priority.

Priority	16-29	30-39	40-49	50-64	65-74	75+
1	Screening and immunisation services: 76.15%	Screening and immunisation services: 71.28%	Menopause, perimenopause, and HRT: 81.93%	Healthy ageing: 82.09%	Healthy ageing: 88.62%	Healthy ageing: 93.62%
2	Mental health and emotional wellbeing: 72.31%	Mental health and emotional wellbeing: 67.23%	Healthy ageing: 75.18%	Screening and immunisation services: 70.10%	Bone, joints, and muscle health: 88.02%	Bone, joints, and muscle health: 89.36%
3	Cost of living: 66.92%	Cost of living: 64.53%	Screening and immunisation services: 63.61%	Healthy weight: 61.15%	Screening and immunisation services: 71.86%	Screening and immunisation services: 70.21%
4	Menstrual health: 64.62%	Healthy weight: 55.07%	Healthy weight: 61.93%	Menopause, perimenopause, and HRT: 69.93%	Healthy weight: 53.89%	Healthy weight: 59.57%
5	Healthy weight: 56.15%	Physical activity: 51.69%	Mental health and emotional wellbeing: 64.82%	Physical activity: 51.52%	Physical activity: 59.88%	Physical activity: 46.81%

**Healthy ageing** was the top priority, especially for older age groups, with the highest percentages seen in the 65-74 (88.62%) and 75+ (93.62%) age groups. **Screening and immunisation services** are consistently important across all age groups, with the highest focus in the 16-29 (76.15%) age group. **Mental health and emotional wellbeing** (72.31%) are particularly significant for younger individuals, while **menopause, perimenopause, and hormone replacement therapy (HRT)** are major concerns for those in the 40-49 (81.93%) age group. **Physical activity** (52.34% of all respondents) and **cost of living** (50.76% of all respondents), **feeling safe** (48.76%), and **social community connections** are notable priorities, with around half of respondents highlighting these as priorities.

**16-29 Age Group:** This age group places a high priority on **mental health and emotional wellbeing**, with 72.31% indicating its importance. **Screening and immunisation services** are also a significant concern, with 76.15% prioritising them. **Healthy weight** and **physical activity** are important to over half of this group, with 56.15% and 50.77% respectively. **Menstrual health** is a major concern for 64.62%, while **sexual health** is important to 49.23%. **Cost of living** and **feeling safe** are also notable priorities, with 66.92% and 61.54% respectively. **Fertility and infertility**, as well as **pregnancy-related issues**, are significant for this age group, with 32.31% and 17.69% respectively. Additionally, **ADHD, autism, and neurodivergence** are notable concerns for 23.85% of this group.

**30-39 Age Group:** This age group and the 16-29 age group have the same top priorities, with **screening and immunisations, mental health and emotional wellbeing**, and **cost of living** selected by over 64% of both groups. For the 30-39 age group, **healthy ageing** becomes more important, with 51.35% prioritising it. **Screening and immunisation** services remain significant, with 71.28% indicating their importance. **Healthy weight** and **physical activity** are also key concerns, with 55.07% and 51.69% respectively. **Mental health and emotional wellbeing** are important to 67.23%, while **menopause, perimenopause, and HRT** are significant for 30.41%. **Cost of living** and **feeling safe** are notable priorities, with 64.53% and 51.35% respectively. **Employment** is a key concern for 34.12%, and **care responsibilities** are important to 23.65%. **Menstrual health** is a priority for 47.30% of this age group.

**40-49 Age Group:** **Healthy ageing** becomes a major priority for this age group, with 75.18% indicating its importance. **Screening and immunisation services** remain significant, with 63.61% prioritising them. **Healthy weight** and **physical activity** are important to 61.93% and 52.05% respectively. **Mental health and emotional wellbeing** are key concerns for 64.82%, while **menopause, perimenopause, and HRT** are significant for 81.93%. **Cost of living** and **feeling safe** are notable priorities for around half of this age group, with 53.49% and 48.67% respectively. **Employment** is a key concern for 39.04%, and **care responsibilities** are important to 22.65%. **Social community connections** (24.58%) are more important for this age group relative to younger ages, and **menstrual health** is less important for this group relative to younger age groups, with 24.34% highlighting this as a priority.

**50-64 Age Group:** **Healthy ageing** is a top priority for this age group, with 82.09% indicating its importance. **Screening and immunisation services** remain significant, with 70.10% prioritising them. **Healthy weight** and **physical activity** are important to 61.15% and 51.52% respectively. **Mental health and emotional wellbeing** are key concerns for 52.70%, while **menopause, perimenopause, and HRT** are significant for 69.93%. **Cost of living** and **feeling safe** are notable priorities, with 43.75% and 46.45% respectively. **Employment** is a key concern for 34.80%, and **care responsibilities** are important to 25.84%.

**65-74 Age Group:** **Healthy ageing** is a top priority for this age group, with 88.62% indicating its importance. **Bone, joints and muscle health** (88.02%) is significantly more important to this age group relative to younger age groups. **Screening and immunisation services** remain significant, with 71.86% prioritising them. **Healthy weight** and **physical activity** are important to 53.89% and 59.88% respectively. **Mental health and emotional wellbeing** are key concerns for 45.51%. **Cost of living** is less of a priority for this age group relative to younger age groups, with **feeling safe** prioritised by 44.31%. and care responsibilities are important to 20.96%. **Social community connections** (29.94%) are most important to this age group relative to other groups.

**75+ Age Group:** The same pattern of priorities is seen in this age group and the 65-74 age group, with **healthy ageing** the highest priority (93.62%), closely followed by **bone, joints and muscle health** (89.36%) and **screening and immunisation services** (70.21%). **Healthy weight** and **physical activity** are important to 59.57% and 46.81% respectively. **Mental health and emotional wellbeing** are key concerns for 40.43%. **Cost of living** and **feeling safe** are notable priorities, with 42.55% and 42.55% respectively. **Care responsibilities** are important to 25.53%, and **social community connections** are notable, with 38.30% indicating their importance.

Table 6 Highest priority areas for each locality, with the percentage referring to the proportion of people within each locality who said it was a top three priority.

Priority	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby
1	Screening and immunisation (72.81%)	Healthy ageing (82.68%)	Screening and immunisation (65.19%)	Healthy ageing (78.11%)	Screening and immunisation (73.27%)	Screening and immunisation (71.68%)	Screening and immunisation (71.43%)
2	Healthy ageing (63.16%)	Screening and immunisation (73.53%)	Healthy ageing (64.01%)	Screening and immunisation (63.91%)	Healthy ageing (72.77%)	Healthy ageing (68.79%)	Healthy ageing (69.84%)
3	Menopause, perimenopause and HRT (58.77%)	Healthy weight (64.05%)	Mental health and wellbeing (52.80%)	Mental health and wellbeing (59.17%)	Mental health and wellbeing (61.88%)	Healthy weight (58.38%)	Mental health and wellbeing (62.70%)
4	Physical activity (56.14%)	Menopause, perimenopause and HRT (63.40%)	Healthy weight (52.21%)	Bone, joints and muscle health (58.58%)	Healthy weight (59.41%)	Mental health and wellbeing (57.23%)	Menopause, perimenopause and HRT (56.35%)
5	Healthy weight (55.26%)	Mental health and wellbeing (62.42%)	Physical activity (50.44%)	Healthy weight (57.99%)	Menopause, perimenopause and HRT (57.43%)	Bone, joints and muscle health (54.91%)	Feeling safe (55.56%)

When we break this data down into the different localities it allows us to highlight the diverse health needs and priorities across North Yorkshire's communities.

**Healthy ageing** and **screening and immunisation** were consistently the top two priorities across all localities, though the order varied. Hambleton and Richmondshire showed the strongest emphasis on **healthy ageing**, while Craven, Ryedale, and Selby placed **screening and immunisation** first. **Mental health and wellbeing** was a key concern in most localities, particularly in Selby and Ryedale. **Menopause, perimenopause, and HRT** were especially important in Craven, Hambleton, and Selby, while **bone, joints, and muscle health** featured more prominently in Richmondshire and Scarborough.

**Craven:** In Craven, **screening and immunisation** were the highest priority (72.81%), followed by **healthy ageing** (63.16%). **Menopause, perimenopause, and HRT** ranked third (58.77%), with **physical activity** (56.14%) and **healthy weight** (55.26%) rounding out the top five. Compared to other localities, Craven places a relatively higher emphasis on menopause and physical activity, suggesting a focus on midlife health and active living.

**Hambleton:** **Healthy ageing** was the dominant concern in Hambleton (82.68%), the highest percentage for this priority across all localities. **Screening and immunisation** followed (73.53%), with **healthy weight** (64.05%), **menopause, perimenopause, and HRT** (63.40%), and **mental health and wellbeing** (62.42%) also ranking highly. This locality shows a strong and balanced concern for ageing, weight management, hormonal health, and emotional wellbeing.

**Harrogate:** In Harrogate, **screening and immunisation** were the top priority (65.19%), slightly ahead of **healthy ageing** (64.01%). **Mental health and wellbeing** ranked third (52.80%), with **healthy weight** (52.21%) and **physical activity** (50.44%) also featuring prominently. Harrogate's priorities reflect a broad concern for preventive services and lifestyle-related health, with a relatively even distribution across the top five.

**Richmondshire:** **Healthy ageing** was the most important issue in Richmondshire (78.11%), followed by **screening and immunisation** (63.91%). **Mental health and wellbeing** (59.17%) ranked third, with **bone, joints, and muscle health** (58.58%) and **healthy weight** (57.99%) also among the top five. Richmondshire stands out for its strong emphasis on musculoskeletal health, which is less prominent in other localities.

**Ryedale:** **Screening and immunisation** were the top concern in Ryedale (73.27%), closely followed by **healthy ageing** (72.77%). **Mental health and wellbeing** (61.88%) ranked third, with **healthy weight** (59.41%) and **menopause, perimenopause, and HRT** (57.43%) completing the top five. Ryedale's priorities align closely with the overall county pattern but show slightly higher concern for mental health and hormonal health.

**Scarborough:** In Scarborough, **screening and immunisation** were the top priority (71.68%), followed by **healthy ageing** (68.79%). **Healthy weight** (58.38%) ranked third, with **mental health and wellbeing** (57.23%) and **bone, joints, and muscle health** (54.91%) also featuring prominently. Scarborough shares similarities with Richmondshire in its concern for musculoskeletal health, while also maintaining a strong focus on preventive care.

**Selby:** **Screening and immunisation** were the most important issue in Selby (71.43%), followed by **healthy ageing** (69.84%). **Mental health and wellbeing** (62.70%) ranked third, with **menopause, perimenopause, and HRT** (56.35%) and **feeling safe** (55.56%) completing the top five. Selby is unique in placing "feeling safe" among its top priorities, indicating a broader concern for social and environmental wellbeing alongside health.

## Qualitative Responses

The next questions were open text box responses. All responses have been thematically analysed, with the section below providing an overview of each theme.

## Question 5: What services, groups or networks do you access to support your health and wellbeing?

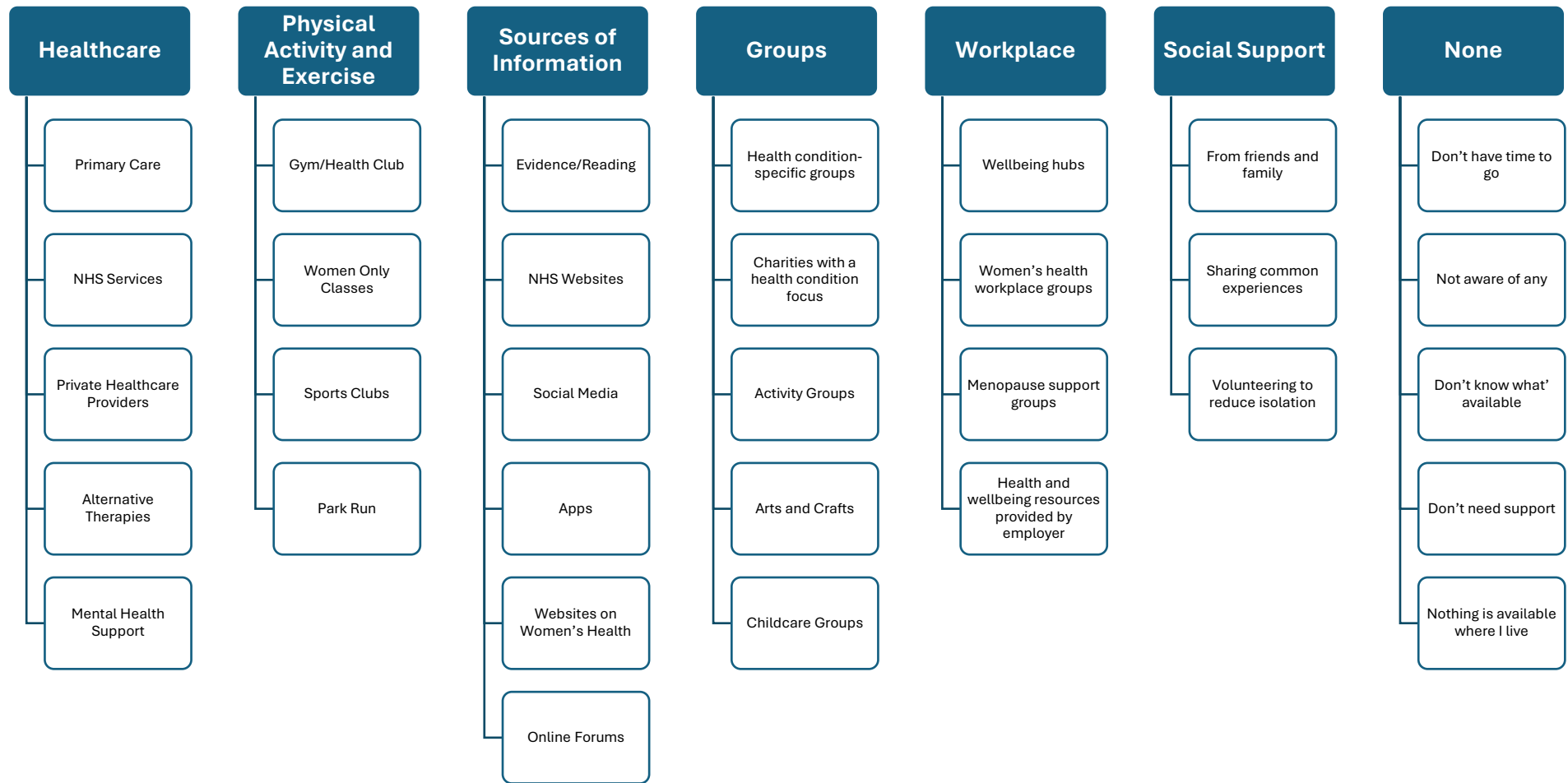


Figure 7 Thematic map of the types of services, groups or networks women and girls access to support their health and wellbeing.

Respondents access a wide range of services and groups to support their health and wellbeing, a full list of which can be found in the appendices. Seven themes were identified within the responses, each constituting a different form of support.

- **Healthcare and NHS focused services:** Including a range of NHS services which largely centred around support from GPs. Respondents also accessed support from private healthcare providers, alternative therapies, and a number accessed support for their mental health.
- **Physical Activity and Exercise:** Respondents accessed a range of opportunities to be physically active. There was a strong opinion that the provision of women only classes enabled women to feel more comfortable when exercising.
- **Sources of Information:** Respondents often sought their own information relating to a range of women's health concerns. These were often web-based, including websites, online forums and a range of apps. Respondents highlighted the importance of being able to access evidence-based information.
- **Groups:** Allowed respondents to engage in a range of activities, access condition-related support and share their experiences with others. Many of these groups were charity or VCSE-run.
- **Workplace:** Respondents accessed a range of support through their workplaces, such as women's health groups, menopause support groups, health and wellbeing resources. NHS employees highlighted wellbeing hubs as a particular source of support.
- **Social Support:** Many respondents highlighted the importance of social support, and the ability to share common experiences that it provides, as an integral way of supporting their health and wellbeing.
- **None:** Several respondents said that they did not access any services, groups and networks, for reasons such as time constraints, nothing meeting their needs, that they were not aware of any support available that was right for them, or that they felt they did not need support.



When asked what respondents valued most when choosing these networks, six themes were identified:

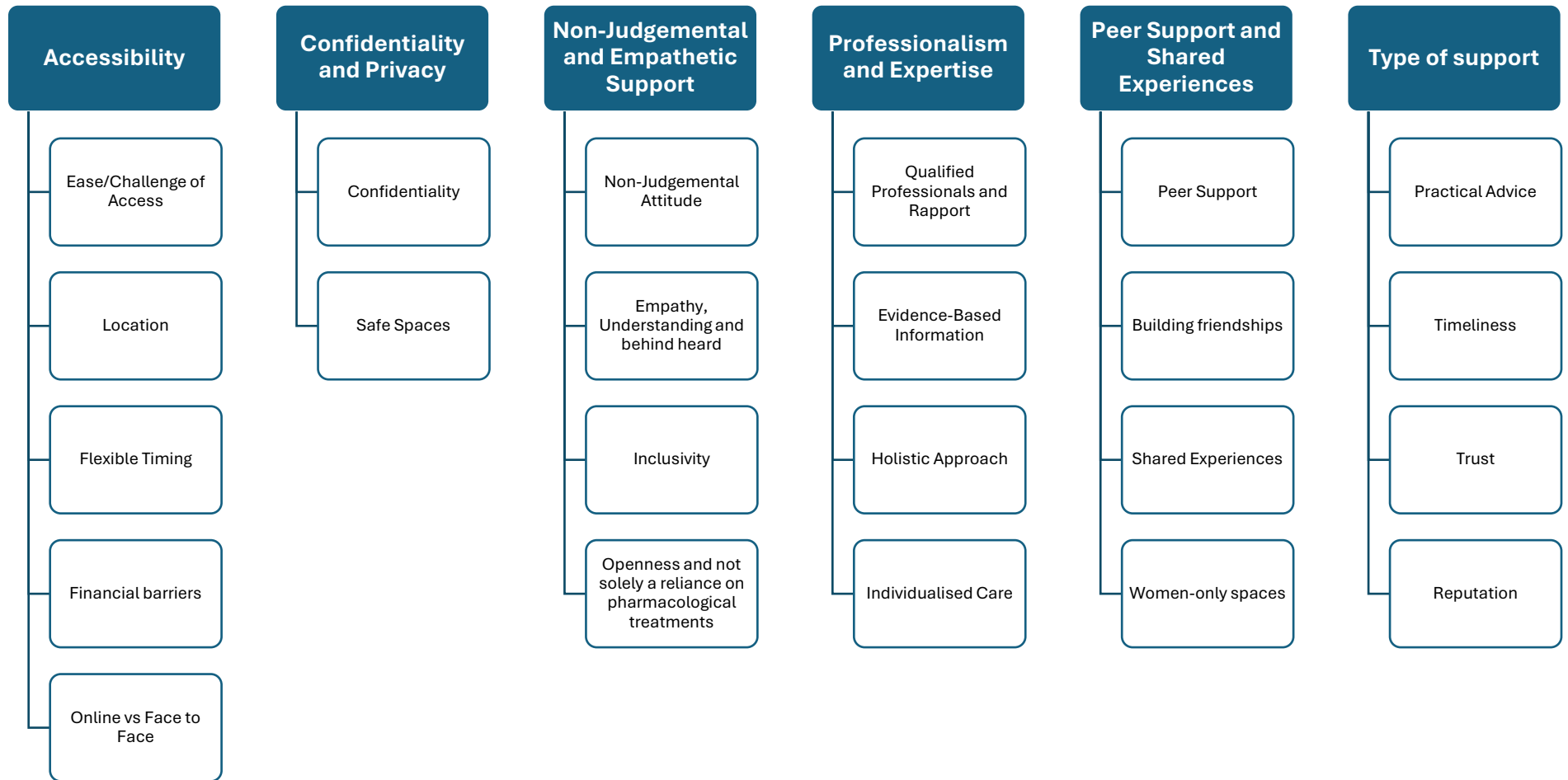


Figure 8 Thematic map of responses to question 5b, highlighting the characteristics of services, groups or networks that women and girls value.

In terms of **accessibility**, respondents explained how **easy or challenging it was to access** forms of support, with the “*promptness of access*” and “*help and support when I need it, not having to wait*” particularly important to several respondents across all age groups.

The **location** of services and the challenges associated with **rurality** of North Yorkshire often prevented them from accessing services.

Frequent **inflexibility in the timing and cost** of support was also a barrier to accessing support:

*"Time is at a premium - so something that is online or flexible in terms of the time the service can be accessed. Lots of the health and wellbeing offer within my local area is discriminating against working women because all the sessions - yoga, pilates, craft and chat etc are all during the working day. Great for older women who may feel lonely and isolated, but working mothers are lonely and isolated too - at work and outside of work. There was a lot of support for me when I was pregnant and my kids were very young, but now they are older I feel I have been forgotten about until I reach retirement. Services outside of work are often costly and childcare is needed to access on evenings and weekends."* (Female, 40-49, White, "No condition or impairment")

The above quote also demonstrates how online offers can **reduce some barriers** to access, as well as the importance of initiatives to reduce isolation across all ages, and how there is perceived to be a **gap in provision for working-aged women** and those who have school-age or older children. Several respondents highlighted how there was a “**need to have help available in the evening**” due to their job making attending sessions during the day impossible.

Respondents highlighted the importance of **safe spaces** where they could access **peer support**, build **friendships** and have supportive conversations with people who were experiencing similar experiences to themselves:

*"Confidential, supportive conversations, shared experiences, meeting other people who I can identify with"* (Female, 50-64, White, "No condition or impairment")

A key component of developing these safe spaces was the approach taken by the staff who ran the service. Women frequently reported **not being listened to**, which in turn made them disengage from services. They also wanted to access services who would help them **negotiate uncertainty** in terms of what support they required, and would help them to make sense of their experiences:

*"That all will be accepted and heard. So often as women we are dismissed or not heard or listened too. I want to feel those I'm going to trust me to know myself and to hear me with that but also will guide me well when I am not sure about my needs. I want to feel safe both physically and emotionally. I want to be met with empathy and understanding."* (Female, 30-39, White, "Neurodivergence")

Staff **expertise** was a key component of how comfortable respondents felt within services:

*"Places with well trained, knowledgeable staff. Independent and confidential, time to listen to what I need and able to help in a flexible way. Need to have help available in the evening as I work (which provides very little choice as most support is during the day)"* (Female, 30-39, White, "Long term health condition", "Mental health condition", "Neurodivergence")

Conversely, if the support was **empathetic, non-judgmental**, and focused on understanding the person **holistically**, respondents were more likely to engage and share their concerns and experiences:

*"Sincerity, knowledge, genuine support. With normal people I value authenticity, in professionals it is a personal approach and professionalism and knowledge." (Female, 40-49, White, "No condition or impairment")*

If the service, and the people within it, had these characteristics, respondents felt able to be **open and vulnerable** about their experiences. Doing so **alleviated the isolation** and allowed respondents to realise that other people experienced similar:

*"Accessibility, ease and promptness of access. Help and support when I need it, not having to wait. I very much value openness, being able to be vulnerable and a culture of sharing honestly so that I don't feel alone with my problems. Hearing others' experience helps put one's own into perspective. Groups that value all aspects have health so that we can share and encourage each other to live as healthily as possible." (Female, 50-64, White, "Long term health condition")*

Additionally, the importance of **knowing what to expect** within a service was a key factor that made respondents feel more able to access support:

*"Confidence in the competency of the person/group delivering the service, correct information. Feeling comfortable to share, not being judged at all, knowing what to expect from a service e.g. what will actually happen in an appointment." (Female, 20-29, White, "No condition or impairment")*

**Inclusivity**, alongside a non-judgmental approach, was also important to several respondents:

*"Openness, inclusivity of all ages. No assumptions" (Female, 30-39, White, "Long term health condition", "Mental health condition", "Physical impairment or mobility issues")*

*"A feeling of inclusion, safety, acceptance and understanding" (Female, 40-49, White, "No condition or impairment")*

## Other comments

When respondents were asked if they would like to add anything they hadn't had the chance to say, four themes were identified:

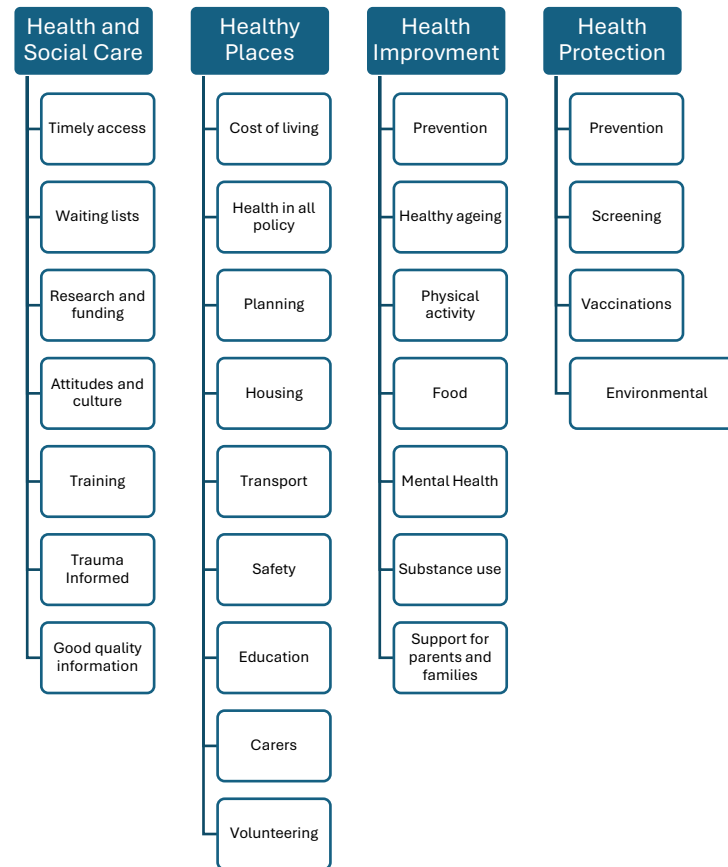


Figure 9 Thematic map of all comments to the question “do you have any other comments or are there any other topics that are important to you in relation to your health or wellbeing?”.

## Health and Social Care

The feedback from respondents reinforced earlier comments about the health and social care systems. They noted long waiting times and difficulties with timely access to services. Respondents felt that their health conditions were often treated individually rather than holistically. There was a strong call for adequate trauma-informed training and practice, as well as further research into women's health. Significant feedback highlighted inadequate attitudes and culture towards women and girls' health, with many respondents reporting feeling dismissed, not listened to, and given insufficient information, advice, and guidance.

*"My top health wish is for a bespoke women's service, staffed by a team of women which looked holistically at all aspects of women's health through a lifetime and could be accessed by a (screened) self-referral system. Rather than seeing a range of different specialists for single issues without a joined-up approach which seems to be both time and resource intensive"* (Female, 50-64, White)

*"A lot more health professionals needing training on women's health. Specially menopause, periods and women's mental health. We have different needs to men and are often told incorrect answers to health complaints. There's need for more support for women in parenthood as well as balancing work and childcare responsibilities. We have to do better as a nation to support women, otherwise their mental health suffers"* (Female, 30-39, White)

*"Access to evidence based good quality information is essential. The ability to talk to someone who is knowledgeable, Dr, Nurse, Health advisor over the phone or online is really important and then thirdly, timely access to appointments with someone knowledgeable who is able to offer the care I need or make and appropriate referral"* (Female, 50-64, White, Long term health condition)

*"Women's health needs better research and funding, leading to treatments tailored for women and better health outcomes."* (Female, 50-64, White)

## Healthy Places

The responses under this theme addressed the broader determinants of health, highlighting various challenges faced by women and girls in North Yorkshire, such as transport, safety, social interaction, and caregiving responsibilities. Respondents suggested several opportunities to improve the health of women and girls, including better housing, urban planning, education, health-inclusive policies, and volunteering initiatives. They also emphasised the importance of local access to outdoor and indoor spaces for both physical and mental wellbeing.

*"Transport infrastructure if improved would facilitate ease of travel of myself to work and my children from rural village"* (Female, 50-64, White)

*"Being able to walk in countryside, parks or gardens, and visit places of interest is important for my physical health and emotional wellbeing. I look forward to using the new park and community woodland in Northallerton."* (Female, 50-64, White, Long term health condition)

*"A big part of women's health is women's safety. I don't feel safe walking home in the dark, so I only go to the gym when my partner is going too and will walk me home."*  
(Female, 20-29, White first-generation immigrant)

*"I live in a town where there are few clubs or volunteering opportunities that I find appealing. There seems to be nothing to join for social interaction. I would like to see more opportunities to socialise and interact with people. I used to be part of a knitting group, but the shop closed and with it the group. I have been unable to find anything to fill that. It wasn't about knitting; it was about getting together with a diverse group of people in a safe appealing and supportive network."* (Female, 65-74, White)

## **Health Improvement**

Many respondents highlighted the importance of physical activity, exercise, and sport for health. However, they also cited several challenges, such as difficulties attending classes due to work or childcare responsibilities. Healthy aging was a recurring theme, and mental health and substance use were raised as areas of concern. Support for parents, both prenatal and postnatal, was frequently mentioned, with many noting that these services were often delivered remotely. Additionally, respondents emphasised the importance of prevention for women and girls, suggesting that it should receive more focus.

*"I would like to be more active but there are not many sessions for me during school hours or early evening I would like more Pilates classes that are affordable. I would like to attend classes with my daughter too but often under 16 not allowed I would like more cycle paths linking up areas to use more often as the road is unsafe and the cinder track too lonely on my own. More people would walk to school or cycle if cars not on busy routes or cycle paths built. I would use a cycle path daily if I felt safe instead of my car"*  
(Female, 50-64, White)

*"Prenatal and postnatal care definitely need more changes and reviewed."* (Female, 40-49, Mixed or multiple ethnic groups)

*"Mental health and the pressure of fulfilling all the expected roles of women - parent, wife, career, the mental load of a woman in general and striking a balance between them all, to 'have it all'"* (Female, 40-49, White)

*"Preventative care is critically important to a healthy Society. The NHS is wasting huge amounts of money on care that could have been injected into information and classes that helps people directly. Active travel, diet, exercise, mental health etc. Instead of which complex problems eat up huge amounts of the NHS resources unnecessarily"*  
(Female, 50-64, White, "Other ")

*"Keeping fit, eating healthily which allow us to age well, should be top strategic priorities. Under which everything else should stand. The more we educate people on these points the more people can be signposted to what they need to do to help themselves. Obviously, we all need specific support at times, but the more people get the basic healthy fundamentals in place, the less burden there will be on the nhs."* (Female, 40-49, White, "Prefer not to say")

## Health Protection

Screening and vaccination responses were featured heavily in the comments, many advocating for more screening programmes and more often to prevent and detect problems early with better outcomes. Environmental concerns were expressed, specifically around climate and water quality.

" My own top health would be availability of early screening for breast cancer and support and education around other female specific cancers such as cervical, ovarian etc. I have a history of cancer in my family but do not currently qualify for genetic screening so early detection of anything is key for me." (Female, 40-49, White)

*"Access to well being/prevention clinics that have a focus on women's health. Make it easier for women to get regular health checks. Have drop in sessions to check BP, heart health, bone health, mental health. Offer women only physical activities at times when working women can access them. Have subsidised sessions for those who can't afford to access private activity sessions."* (Female, 50-64, White, "No condition or impairment")

## Recommendations and next steps

- Undertake follow up public focus groups/telephone calls on the priority areas identified via survey results to strengthen the detail on community insight and need.
- Share the results and report widely with the public and wide range of partners across North Yorkshire to achieve engagement and support for ongoing commitment and action on the women and girls' health agenda.
- Share and discuss next steps with the North Yorkshire Women's Health Network.
- Incorporate the partnership feedback into the results collated from the North Yorkshire Women's Health event in October 2024.
- Develop a brand that partners, and the public can identify with, that connects the system and the people and continues the momentum across North Yorkshire.
- Develop a collaborative North Yorkshire plan for women and girls with clear actions and outcomes and create accountability across the priorities.

# Appendix

## Survey questions

Q1 Where would you go for women's health and wellbeing related information?

(select all that apply)

- ☐ Family or friends
- ☐ GP
- ☐ NHS website
- ☐ Other health professional
- ☐ Other websites
- ☐ Partner or spouse
- ☐ Social media
- ☐ Workplace

Other, please specify below

Please do not include any personal identifiable information about yourself or someone else in your response.

Q2 How comfortable do you feel telling healthcare professionals about your women's health concerns?

- ☐ Very comfortable
- ☐ Quite comfortable
- ☐ Neutral
- ☐ Somewhat comfortable
- ☐ Not comfortable
- ☐ Not applicable

What would make you feel more comfortable to talk about women's health with healthcare professionals?

Please do not include any personal identifiable information about yourself or someone else in your response.

Q3 How comfortable do you feel talking about women's health in your workplace?

- ☐ Very comfortable
- ☐ Quite comfortable
- ☐ Neutral
- ☐ Somewhat comfortable
- ☐ Not comfortable
- ☐ Not applicable

What would make you feel more comfortable to talk about women's health in your workplace?

Please do not include any personal identifiable information about yourself or someone else in your response.

Q4 What services, groups or networks do you access that support your health and wellbeing?

Please do not include any personal identifiable information about yourself or someone else in your response.



Q5 What do you value most when choosing services, groups or networks to support your health and wellbeing?

Please do not include any personal identifiable information about yourself or someone else in your response.

Questions 6, 7 and 8 relate to different aspects that play a role in health and wellbeing.

Q6 Please select your top three priorities, in terms of the extent to which these topics matter to you regarding your health and wellbeing:

- ☐ Alcohol and substance use
- ☐ Healthy ageing
- ☐ Healthy weight
- ☐ Physical activity
- ☐ Smoking
- ☐ Screening and immunisation services - including cervical, breast, bowel, HPV
- ☐ Sexual health - including contraception, sexually transmitted infections (STIs), sexual health clinics
- ☐ Other (please specify below)

Please do not include any personal identifiable information about yourself or someone else in your response.

Q7 Please select your top three priorities, in terms of the extent to which these topics matter to you regarding your health and wellbeing:

- ☐ Attention deficit hyperactivity disorder (ADHD), autism, neurodivergence
- ☐ Bone, joints and muscle health - including arthritis, osteoporosis, fibromyalgia
- ☐ Breast health - including breast pain, breast lumps, breast cancer
- ☐ Fertility and infertility
- ☐ Menopause, perimenopause and hormone replacement therapy (HRT)
- ☐ Menstrual health - including period pain, heavy menstrual bleeding, premenstrual syndrome (PMS)
- ☐ Mental health and emotional wellbeing - including depression, anxiety, eating disorders, body image
- ☐ Pregnancy - keeping well in pregnancy, pregnancy loss, baby loss, giving birth, smoking in pregnancy, postnatal support
- ☐ Womb, ovarian, cervical, vulval and vaginal cancers
- ☐ Other (please specify below)

Please do not include any personal identifiable information about yourself or someone else in your response.

Q8 Please select your top three priorities, in terms of the extent to which these topics matter to you regarding your health and wellbeing:

- ☐ Built Environment (community or where you live)
- ☐ Cost of living
- ☐ Care responsibilities
- ☐ Education, training and skills
- ☐ Employment
- ☐ Feeling safe
- ☐ Health impacts of violence against women and girls

- ☐ Housing or homelessness
- ☐ Natural environment (pollution or climate change)
- ☐ Social community connections
- ☐ Transport
- ☐ Volunteering
- ☐ Other (please specify below)

Please do not include any personal identifiable information about yourself or someone else in your response.

Q9 Do you have any other comments, or are there any other topics that are important to you in relation to your health or wellbeing?

Please do not include any personal identifiable information about yourself or someone else in your response.

Q10 Would you be interested in taking part in a short interview or focus group to tell us more?

- ☐ Yes
- ☐ No

